

Exhibit Space Application

The MJ Fanvention™2010 will be held August 26-29, 2010 at the Radisson Hotel at Star Plaza and Star Plaza Theatre in Merrillville, Indiana. To be considered for exhibit space, please complete the following information and fax to MJFanvention™ **at 219-980-0348**. The following information will be printed in the official MJ Fanvention™ Program. **Please print clearly.**

First Name _____ Last Name _____
 Company/Business Name _____
 Address _____
 City _____ State/Province _____ Zip Code _____
 Phone _____ Fax _____
 Email _____
 URL _____

Tabletop Exhibits **\$700**

Tabletop display Includes:

- ◆ One 6 ft. skirted table in Exhibit hall or other high traffic area which includes one 6ft. skirted table, 2 chairs and a company identification tabletop sign.
- ◆ Two (2) Exhibitor badges (admission to exhibits and Q&A sessions only)
- ◆ Pre-conference Attendee List for one-time use only
- ◆ Company listing in the official Fanvention™ program as an exhibitor

Additional Items:

Advertisement in Official MJ Fanvention™ Official Program Book

Full Page Color (8 1/2 x 11)	\$1,000
Half Page Color (8 1/2 x 5 1/2)	\$ 500

Do you require electrical service? Yes _____ No _____ Cost: \$75 _____
TOTAL DUE: _____

Company Identification Sign copy: _____

Tax ID Number: All exhibitors are required to have a Tax ID if they plan to sell any merchandise on the exhibit floor. It is the Exhibitors' responsibility to obtain this Tax ID. **Tax ID is required when submitting application. Applications will not be processed without Tax ID.** To obtain a Tax ID in Indiana, please visit the State of Indiana website at <http://www.in.gov/dor/3986.htm>. **Tax ID Number:** _____

Payment: Full payment & Tax ID number must be submitted with Exhibit Space Application. Confirmations will be sent with exhibit space assignment and floor plan, via email, once payment has been processed.

Payment can be made via credit card or check. **If paying via check**, please print the application and mail completed application and check to: **Fluid Entertainment, Inc., P. O. Box 11814, Merrillville, IN 46410**. **Payable to: Fluid Entertainment, Inc.**

If paying via credit card, please complete the following: Credit Card Type: (circle one) AMEX MC VISA Discover
 Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Amount to be charged: _____ Security Code: _____

Signature of cardholder: _____

Exhibitor agrees to abide by all the Rules and Regulations on next page (which is a part of this application) that govern MJ Fanvention™2010. **All applications must be signed.**

Signature: _____ **Date:** _____



1) details.

August 26-29, 2010
Radisson Hotel at Star Plaza
Merrillville, IN ♦ USA
(ph) 1.877.653.2658 (f) 219.980.0346
www.mifanvention.com

Exhibitor Listing in Official Program

Please complete the following information by June 30, 2010 and email to sponsors@mjfanvention.com.

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

URL:

50 word description: (please print legibly) _____

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Exhibitor Badges

Complimentary exhibitor badges provide access to exhibits and Q&A sessions only. Please submit by June 30, 2010 to sponsors@mifanvention.com.

Name: _____

Title: _____

Company Name: _____

Name: _____

Name: _____
Title: _____

Title: _____
Company Name: _____

Question? Email us at sponsors@mifanvention.com